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22045 7590 02/25/2004

**BROOKS KUSHMAN P.C.**  
**1000 TOWN CENTER**  
**TWENTY-SECOND FLOOR**  
**SOUTHFIELD, MI 48075**

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<b>Sangeeta G. Shah</b>	(Depositor's name)
<i>Sangeeta G. Shah</i>	(Signature)
<b>May 21, 2004</b>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/060,159	01/30/2002	A. Martin Lerner	LMA 0113 PUS1	8676

TITLE OF INVENTION: METHOD FOR DIAGNOSING AND ALLEVIATING THE SYMPTOMS OF CHRONIC FATIGUE SYNDROME

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	05/25/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
TRAVERS, RUSSELL S	1617	514-258000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 **Brooks Kushman P.C.**

2 \_\_\_\_\_

3 \_\_\_\_\_

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

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Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☐ corporation or other private group entity ☐ government

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☒ Issue Fee☒ Publication Fee☐ Advance Order - # of Copies \_\_\_\_\_

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5/21/04

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05/26/2004 WASFAW2 00000163 10060159

01 FC:2501

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